## FORM D

**UNITED STATES** 

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6) AND/OR** 

UNIFORM LIMITED OFFERING EXEMPTION

September 30, 2008 Expires: Estimated average burden hours per response.....16.00

OMB APPROVAL

3235-0076

OMB NUMBER:

SEC USE ONLY							
Prefix	Serial						
1	1 1						
Date Re	ceived						
ı	1						

Washington, DC

Mail Processing

SEP 152008

Name of Offering (☐ check if this is an Shares in RQS Migration Beta Neutral F	amendment and name has changund Ltd.	ged, and indicate change.)	
Filing Under (Check box(es) that apply): Type of Filing:   New Filing	☐ Rule 504 ☐ Rule 505 mendment	⊠ Rule 506 ☐ Sect	ion 4(6) ULOE
	A. BASIC IDENTIFIC	CATION DATA	
1. Enter the information requested about th	e issuer		
Name of Issuer ( Check if this is an am RQS Migration Beta Neutral Fund Ltd.	endment and name has changed,	and indicate change.)	
Address of Executive Offices c/o Roxbury Capital Management, LLC	(Number and Street, 0 100 Wilshire Blvd, St CA 90401	City, State, Zip Code) e 1000, Santa Monica,	Telephone Number (Including Area Code) (310) 917-5600
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, C	•	Telephone Number (Including Area Code)
Brief Description of Business To operate as a private investment fund.	✓ SEP 1	9 2008	
Type of Business Organization  ☑ corporation ☐ business trust	limited part Hall 1500	FREUITRA	(please : 08059240
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	•		☑ Actual ☐ Estimated

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

_ A	TT	ENT	FTC	N

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTIFI	CAT	TON DATA		<del></del>		<del></del>
<ul> <li>Each beneficial owner securities of the issuer;</li> </ul>	ssuer, if the issuer having the power ;	ng: has been organized with to vote or dispose, or dir	in the	e past five years; ne vote or disposition				
Each executive officer     Each general and mans		orporate issuers and of co artnership issuers.	rpora	ite general and manag	nng pa	irtners of par	tnersi	mp issuers; and
	Promoter			Executive Officer		Director	×	General and/or Managing Partner Manager
Full Name (Last name first, if indi-	vidual)							
Roxbury Capital Management, I	LLC ("RCM")							
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)	•					
100 Wilshire Blvd, Ste 1000, San	ta Monica, CA 90	401 						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Ճ	Director		General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)							
Beh, Brian		a: a a: a : .						
Business or Residence Address c/o Roxbury Capital Managemen	•	et, City, State, Zip Code) hire Blvd, Ste 1000, Santa	a Mo	nica, CA 90401				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)							
Gudorf, Kenneth								
Business or Residence Address		et, City, State, Zip Code)						1
c/o Roxbury Capital Managemen	it, LLC, 100 Wilst	hire Blvd, Ste 1000, Sant	a Mo	nica, CA 90401				1 11
	Promoter [	Beneficial Owner		Executive Officer	⅓	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	viđual)							
Otterlei, John Business or Residence Address	(Number and Stee	et City State Zie Code)				· · · · · ·		
c/o Roxbury Capital Managemen		-	 a Мо	nica, CA 90401				,
Check Box(es) that Apply:	Promoter 🔀	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv	/idual)			<del></del>				
Amberst H. Wilder Foundation		····						
	•	et, City, State, Zip Code)						
c/o Roxbury Capital Managemen	L, LLC, 100 Wilsh	nire Bivd, Sie 1000, Santi	a Mo	nica, CA 90401				
	Promoter	Beneficial Owner	<u></u>	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)							
Business or Residence Address	(Number and Street	et, City, State, Zip Code)	···					
Dusiness of Residence Address	(Number and Succ	a, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter [	Beneficial Owner		Executive Officer	□	Director		General and/or Managing Partner
Full Name (Last name first, if indiv	idual)	<del></del>						
Ton traine (East taine 1115), it must	iddaly							
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)	_					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if indiv	idual)			···-				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)	_					

B. INFORMATION ABOUT OFFERING		
<u> </u>	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non accredited investors in this offering?	0	8
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?		00,000
3. Does the offering permit joint ownership of a single unit?	Yes Ø	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commiremuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is a agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If mo persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer. Full Name (Last name first, if individual)	an associa ore than fi	ated person or ve (5)
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		☐ All States
AL AK AZ AR CA CO CT DE DC FL	GA	HII ID
IL IN IA KS KY LA ME MD MA MI	MN	MS MO
MT NE NV NH NU NM NY NC ND OH	QK	OR PA
RI SC SD TN TX UT VT VA WA WV	wi	WY PR
Full Name (Last name first, if individual)		······································
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code)		• •
Name of Associated Broker or Dealer	<u></u>	, ,
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		All States
AL AK AZ AR CA CO CT DE DC FL	GA	н
IL IN IA KS KY LA ME MD MA MI	MN	MS MO
MT NE NV NH NI NM NY NC ND OH	OK	OR PA
RI SC SD TN TX UT VT VA WA WV	WI	WY PR
Full Name (Last name first, if individual)		····
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		<del></del>
(Check "All States" or check individual States)		All States
AL AK AZ AR CA CO CT DE DC FL	GA	HI ID
IL IN TA KS KY LA ME MD MA MI	MN	MS MO
MT NE NV NH NJ NM NY NC ND OH	ок	OR PA
	wi	WY PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.</li> </ol>	e	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	<b>\$</b> _0
Equity	\$5,000,000,000	\$ <u>5,000,000</u>
☑ Common □ Preferred		
Convertible Securities (including warrants)	\$ <u>.0</u>	\$ <u>0</u>
Partnership Interests	\$ <u>0</u>	\$ <u>0</u>
Other (Specify -)	\$ <u>0</u>	<u>\$_0</u>
Total	\$5,000,000,00	<u>\$ 5,000,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchase on the total lines. Enter "0" if answer is "none" or "zero."	es Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	. 11	\$ <u>5,000,000</u>
Non-accredited Investors	. 0	\$ <u>0</u>
Total (for filings under Rule 504 only)	0	\$ <u>0</u>
Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$ <u>0</u>
Printing and Engraving Costs		<u>\$_0</u>
Legal Fees	🛭	\$ <u>25,000</u>
Accounting Fees		\$ <u> </u>
Engineering Fees		\$ <u>0</u>
Sales Commissions (specify finders' fees separately)		\$_0
Other Expenses (identify)()		\$ <u> </u>
Total	🛭	\$ <u>25,000</u>

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND USE	OF PE	ROCEEDS		
I and total expenses furnished in response t	offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the				\$ <u>4,999,975,000</u>
	nount for any purpose is not known, furnish an timate. The total of the payments listed must equal				
			Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees		፟	\$ <u>99,999,500</u>		<b>\$</b> _0
Purchase of real estate			\$_0		\$_0
Purchase, rental or leasing and installation	of machinery and equipment		<u> </u>		\$_0
Construction or leasing of plant buildings	and facilities	. 🗖	\$ <u>0</u>		\$ <u>0</u>
Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)			\$_O		\$_0
			s <u>0</u>		\$_0
Working Capital			<u> </u>		<b>\$</b> _0
Other (specify):Funding investments	and related expenses		s_0	×	\$4,899,975,500
			<u> </u>		<b>\$</b> 0
			\$ <u>99,999,500</u>	Ø	\$ <u>4,899,975,500</u>
Total Payments Listed (Column totals add	ed)		⊠ \$ <u>4</u> ,	<u>999</u>	975,000
	D. FEDERAL SIGNATURE				
following signature constitutes an undertaking	d by the undersigned duly authorized person. If this not by the issuer to furnish to the U.S. Securities and Exch suer to any non-accredited in sestor pursuant to paragra	ange Co	mmission, up	OR V	5, the vritten request
Issuer (Print or Type)	Signature	J	Date		· · · · ·
RQS Migration Beta Neutral Fund LLC Name of Signer (Print or Type)	John British		September	11,2	2008
value of Signer (Print or Type)	Title of Signer (Print or Type)				
By: Roxbury Capital Management, LLC	Manager and Authorized Signatory				
By: John Queen	Chief Compliance Officer				

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 provisions of such rule?	Yes No	
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes 239.500) at such times as required by stat	to furnish to any state administrator of any state in which e law.	this notice is filed a notice on Form D (17 CFR
3.	The undersigned issuer herby undertakes	to furnish to the state administrators, upon written reques	, information furnished by the issuer to offerees.
4.		issuer is familiar with the conditions that must be satisficible notice is filed and understands that the issuer claiminen satisfied.	
The issue person.	r has read this notification and knows the co	ntents to be true and has duly caused this notice to be sig	ned on its behalf by the undersigned duly authorized
Issuer (P	rint or Type)	Signalure	Date
RQS M	igration Beta Neutral Fund LLC		September /1, 2008
Name of	Signer (Print or Type)	Title of Signer (Print of Type)	
By: Rox	kbury Capital Management, LLC	Manager and Authorized Signatory	
-	n Queen	Chief Compliance Officer	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

				A	APPENDIX					
1	non-ac	to sell to ceredited rs in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Common Stock \$5,000,000,000	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		<b></b>								
AK	<del></del>	·								
AZ		!							<del></del>	
AR										
CA	<u> </u>	<u>,                                      </u>						<del></del>		
СО										
СТ				<del></del>						
DE						<del></del> -				
DC										
FL										
GA					·					
НІ										
ID							· ,			
IL	ļ									
IN										
IA										
KS										
KY								-		
LA										
ME										
MD				<del></del>				<del></del>		
MA								· 		
MI										
MN				<u> </u>						
MS										

				A	PPENDIX						
1	non-a	to sell to ccredited	Type of security and aggregate offering price offered in state	4  Type of investor  and amount purchased in State					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
State	Yes	3-Item 1) No	(Part C-Item 1)  Common Stock \$5,000,000,000	Number of Accredited Investors	Accredited Non-Accredited				No		
МО											
МТ											
NE											
NV											
NH											
NJ											
NM											
NY											
NC					,						
ND						·					
OH											
OK											
OR					·						
PA								···			
RI											
SC									<del>-</del>		
SD									· · · · · · · · · · · · · · · · · · ·		
TN									-		
TX			-								
UT											
VT									<del></del>		
VA											
WA			_								
wv									: 		
WI									,		

			·	A	PPENDIX						
1	T	2	3	4					5		
	non-a investo	to sell to ccredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Common Stock \$5,000,000,000	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

